



Douglas County Community Center

1329 Waterloo Lane
Gardnerville, NV 89410
775-782-5500 ext 1

GYM & FITNESS CENTER PASS REGISTRATION FORM

CONTACT INFORMATION

Member Name: _____
First Last

If Youth/Teen*, Name of Parent or Guardian: _____
First Last

Physical Address: _____
Number & Street City/State Zip

Mailing Address: _____
Number & Street City/State Zip

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

PASS REGISTRATION CATEGORY

_____ Youth (6 th -7 th)*	Age _____	Gr. _____	Date of Birth _____
_____ Teen (8 th -12 th)*	Age _____	Gr. _____	Date of Birth _____
_____ College Student	Age _____	(up to 24 years)	Date of Birth _____
_____ Adult	Age _____		Date of Birth _____
_____ Senior	Age _____	(60+ years)	Date of Birth _____
_____ Youth/Teen Scholarship*	Age _____	Gr. _____	Date of Birth _____

** Parent or Guardian must sign Parental Consent section on the back of this form*

PASS TYPE ___ 30 day ___ 90 Day ___ Annual* ___ Annual Installment** ___ Disabled Vet

** Membership Card is free with membership purchase & renewal (if necessary). Replacement Membership Card fee - \$10.00*

****FOR ANNUAL INSTALLMENT (AUTO WITHDRAWAL) CUSTOMERS ONLY**

If purchasing an Annual Membership, you may utilize an auto withdrawal payment plan. The first quarter installment is due now, with the remaining balance automatically deducted from your debit or credit card for the next three (3) months. A \$1.50 charge will be added to each installment for Annual Membership holders utilizing the auto withdrawal system.

I agree to make payment for the period of this agreement and to cover any Non-Sufficient Fund charges that may arise. I agree to the terms and conditions of this service and hereby authorize an automatic debit to my bank account in payment of fees.

SIGNATURE: _____ DATE: _____

Medical Conditions, Refund Procedure, Agreement, Waiver and Release

List any **Medical Conditions** that may require monitoring or special assistance _____

REFUND AGREEMENT

Daily Walk-in fees, 30 Day Pass fees and 90 Day Pass fees are NOT eligible for a refund. Annual Membership fees paid in full at time of registration are eligible for a refund under circumstances involving severe medical conditions, customer satisfaction concerns or relocation out of area. The Department will review the date of request and the date of purchase in evaluating the refund request. The customer may or may not be eligible for a refund depending upon the time of request in relation to the number of months passed within the effective dates of the year purchased. The Department will calculate what the customer would have paid at the 30 day pass rate for each 30 day period used and refund the difference between that amount and the amount paid for the Annual Membership. Additionally, the \$5.00 refund processing fee will be applied. The Department will not

refund or modify beginning or ending pass effective dates due to participant's lack of use or inability to use due to personal injury or other reason. Annual Membership Fees refunds will be charged \$10.00 for processing fees associated with removing the customer from the auto-debit system.

AGREEMENT, WAIVER AND RELEASE

In consideration for being permitted by Douglas County to utilize the above facility, I hereby waive, release and discharge any and all claims for damages for personal injury, death or property damage which I may have, or which any hereafter occurs to me as a result of facility use. This release is intended to discharge in advance the County (its officers, employees, and agents) from any and all liability arising out of or connected in any way with my facility use, even though that liability may arise of negligence or carelessness on the part of the person or entities mentioned above. It is understood that my use of facilities involves an element of risk and danger of accidents and knowing these risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees. I agree to indemnify and to hold the above person or entities free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of my death or any injury or property damage that I may sustain while utilizing this facility. I agree to adhere to any and all facility use rules adopted by Douglas County.

SIGNATURE: _____ **DATE** _____

Douglas County Gym & Fitness Center Use GUIDELINES & RULES

- Appropriate and respectful behavior is required at all times within the facility.
 - No loitering, foul language, fighting, spitting, intimidation, discrimination, vandalism, or rough housing.
 - Dunking or hanging on basketball rims or nets is NOT allowed.
 - Do not bounce any balls off of the walls, windows or ceilings.
 - Use a spotter when appropriate and do not drop weights.
 - Take children of the opposite sex, who are over 5 years of age and require assistance, to the family restroom.
- Appropriate and respectful attire is required at all times within the facility.
 - Shirts, shorts/pants, and socks/shoes must be worn at all times.
 - Athletic shoes shall be worn in gymnasium during active play.
- Only water and sport drinks in plastic containers permitted in gymnasium and fitness area.
- Equipment checkout available to members and paid guests.
 - Lockers are for day use only; locks will be removed at the end of the day at the owner's expense.
 - Lost or broken equipment will be the responsibility of the pass holder/paid guest.
- Animals are not allowed in the facility with the exception of approved programs and service animals.
- Drug use is strictly prohibited and alcohol is not permitted without facility approved permits and documentation.
 - Use of tobacco products and illegal drugs is prohibited. Any person under the influence of drugs or alcohol will be asked to leave immediately.
- Violation of facility rules or any other form of misconduct will lead to ejection from the facility and possible revocation of Douglas County Community Center usage.
 - Additional rules posted within the facility or directed by staff will be enforced.

I have read and understand the Douglas County Community Center Expectations and agree that I will follow ALL facility rules while using the facility.

SIGNATURE: _____ **DATE** _____

***PARENTAL CONSENT**

I hereby consent that my son/daughter _____, participate in the above activity, and I execute the above Agreement, Waiver and Release on his/her behalf. I state that the minor is physically able to participate in the activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of the death or injury or property damage that the minor may sustain while participating in the activity.

I HAVE CAREFULLY READ THE AGREEMENT, WAIVER AND RELEASE SET FORTH ON THIS PAGE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE COUNTY AND I SIGN IT OF MY OWN FREE WILL.

SIGNATURE: _____ **DATE** _____

In case of emergency and no one can be reached at the above address and telephone, please notify:

Name _____ Phone _____

CONSENT TO TREATMENT OF MINOR

“In the event of sudden illness, accident, or injury which may occur while the minor is engaged in an activity supervised by Douglas County Parks & Recreation and their representatives, agents or assignees, when neither the parents, guardian or designated family physician can be contacted, I hereby give the consent for emergency treatment as shall be necessary under the circumstances by any physician licensed under the Laws of the State of Nevada.”

I UNDERSTAND THAT THE DOUGLAS COUNTY PARKS & RECREATION DEPARTMENT DOES NOT PROVIDE MEDICAL INSURANCE ON THIS ACTIVITY AND WILL ADHERE TO ALL OF ITS RULES AND POLICIES.

SIGNATURE: _____ **DATE** _____

Family Physician _____ Phone _____ Medical Insurance Carrier _____